



Fax

DATE: April 12, 2002

TO: Examiner Ware	FROM: Samuel Webb
FAX: 703 308 4556	FAX: (650) 564-2195
PHONE: 703 305 1700	PHONE: (650) 564-5106
	PAGES: 5

Please see attached Transmittal and Response regarding:

FAX RECEIVED**APR 15 2002****GROUP 1600**

Application of: Dong, et al.
Application no: 09/733,847
Filed: 12/08/2000
Group No: 1615
Examiner: Ware, T.
For: Antiviral medication
Our ref: ARC 2644 R1

OFFICIAL

ALZA CORPORATION

1900 CHARLESTON ROAD P.O. BOX 7210
MOUNTAIN VIEW CA 94039-7210

PHONE 650.564.5000
<http://www.alza.com>

Practitioner's Docket No. ARC 2644 R1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dong, Liang C.; Espinal, Steven D.;
 Wong, Patrick S. L.; and Magruder, Paul R.
 Application No.: 09/733,847 Filed: 12/08/2000
 Group No.: 1615 Examiner: Ware, T.
 For: Antiviral medication

Certificate of Transmission
 under 37 CFR 1.8.

I hereby certify that this
 correspondence is being facsimile
 transmitted to the US Patent and
 Trademark Office on 12 Apr 2002
Elizabeth Grannell
 Elizabeth Grannell

Assistant Commissioner for Patents
 Washington, D.C. 20231

RESPONSE TRANSMITTAL

1. Transmitted herewith is a response for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	4	Minus	52	= 0	x \$18 =	\$0
Indep.	1	Minus	5	= 0	x \$80 =	\$0
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
					Total Addit. Fee	\$0

(Amendment Transmittal—page 1 of 2)

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 01-1173.
If any additional fee for claims is required, charge Account No. 01-1173.

Date: 4/12/02

Reg. No.: 44394
Tel. No.: 650-564-5106
Customer No.: 22921


Signature of Practitioner

Samuel E. Webb
ALZA Corporation
1900 Charleston Rd.
P.O. Box 7210
Mountain View, CA 94039-7210

(Amendment Transmittal--page 2 of 2)